

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/542,963

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6	①					
7	①					
8	①					
9	①					
10	①					
11	①					
12	①					
13	①					
14	①					
15	①					
16	①					
17	①					
18	①					
19	①					
20	①					
21	①					
22	①					
23	①					
24	①					
25	①					
26	①					
27	①					
28	①					
29	①					
30	①					
31	①					
32	①					
33	①					
34	①					
35	①					
36	①					
37	①					
38	①					
39	①					
40	①					
41	①					
42	①					
43	①					
44	②					
45	1					
46	②	1				
47	1	②				
48	1	1				
49	1	1				
50	1	1				
TOTAL IND.			↓		↓	↓
TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS		████████		████████		████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83		1				
84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		1	↓		↓	↓
TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	45	████████		████████		████████